



MASTER LICENSE SERVICE
DEPARTMENT OF LICENSING
P.O. BOX 9034
OLYMPIA, WA 98507-9034
Telephone: (360) 664-1400

UBI NUMBER

LICENSE NUMBER

SOURCE OF FUNDS STATEMENT

Complete all spaces or print N/A in spaces that do not apply

TYPE OF LICENSES YOU ARE APPLYING FOR: ☐ LIQUOR ☐ GAMBLING

| | | | | | |
|-----------------------------------|-----------------------------------|--------|------------------|----------|--|
| BUSINESS LOCATION | BUSINESS NAME (DBA or trade name) | | | | |
| LOCATION ADDRESS: Street or Route | City | County | State or Country | Zip Code | |

THIS SOURCE OF FUNDS STATEMENT IS FOR: (Choose either No. 1 or No. 2)

☐ 1. AN INDIVIDUAL (can be joint for husband and wife)

| | | | | |
|--|----------------------|-------------------|------------------|----------|
| I AM A: (Check appropriate boxes) <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> SPOUSE <input type="checkbox"/> LIMITED PARTNER <input type="checkbox"/> FINANCIER <input type="checkbox"/> LLC MEMBER | | | | |
| <input type="checkbox"/> CORP. OFFICER Title: <input type="checkbox"/> STOCKHOLDER (10% or more) <input type="checkbox"/> OTHER: <input type="text"/> | | | | |
| NAME: Last | First | Middle | | |
| HOME MAILING ADDRESS: Street or Route | City | County | State or Country | Zip Code |
| DAY/CELL PHONE () | EVENING PHONE () | FAX NUMBER () | | |

☐ 2. A BUSINESS ENTITY

| | | | | |
|---|-------------------|----------------|------------------|----------|
| BUSINESS ENTITY IS A: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP | | | | |
| NAME OF BUSINESS ENTITY | | | | |
| BUSINESS ENTITY MAILING ADDRESS: STREET OR ROUTE | City | County | State or Country | Zip Code |
| DAY/CELL PHONE () | EVENING PHONE () | FAX NUMBER () | | |

SOURCE OF FUNDS

The **total** cost or funds provided to open, upgrade or change the business was \$ _____
The following explains the contribution of this individual or entity:

| DOLLAR AMOUNT | INSTRUCTIONS | EXPLANATION (Attach documentation of the following source of funds) |
|------------------------------------|--|---|
| CASH PAID \$ _____ | Explain the original source of the cash used. Explain where the cash is or was kept. | |
| CASH BORROWED \$ _____ | Explain where the cash was borrowed from. Provide the name and address of the lender. | |
| DEFERRED CONTRACT \$ _____ | Explain any amounts being carried on a contract (such as a purchase and sale agreement.) | |
| NON-CASH CONTRIBUTIONS \$ _____ | Explain any non-monetary contributions, such as labor or equipment. | |

I certify that this Source of Funds Statement represents my true source of funds status as of this date, and my contribution to this business. I hereby authorize investigation of my financial records and other sources as necessary for licensing.

X

SIGNATURE

PRINT NAME

DATE